

Testimony in Support of Senate Bill 989, An Act Concerning Nursing Homes

Submitted by:
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Dear Senator Hochadel, Senator Lesser, Representative Garibay, Representative Gilchrest, and members of the Aging and Human Services Committees,

My name is Meari Avery and I live in West Haven. As a daughter, registered nurse, and an AARP volunteer I am speaking today in support of SB989, An Act Concerning Nursing Homes.

Long term care facilities populations provide care for patients with significantly higher acuity than in the past. The old regulations were based on the assumption that patients were stable when coming from the hospitals. This is not true now, the acuity of patients who are in ICU today- did not survive 30 years ago, acuity of patients on medical units today were the acuity of ICU patient in the past, thus patient acuity in nursing homes today have the acuity of patients who used to stay on a medical unit in the past. Everything has shifted upward in terms of acuity and the current model is decades behind. In addition, in the past behavioral health patients would have stayed at state hospitals and not been stepped down to nursing homes, who do not know and do not have adequate resources for appropriate treatments. Staffing at 3 hours per patient is only adequate for cognitively intact, mostly ambulatory, patients. The majority of patients do not fit the profile.

While in nursing school, in the 70s, I worked as a nursing assistant and had a patient assignment of 10 per shift. However, of those 10 patients only 1 patient required total care, feeding, toileting, bathing and dressing. The other 9 patients had either prompting, toileting or feeding, but were ambulatory and able to dress and feed themselves with minimal assistance. Fast forward to 2014-2015 when my mother was in the nursing home, the staffing was 2 aides per 10 patients and all 10 patients, including my mother required total care- dressing, toileting, bathing, feeding, ambulating. My mothers' needs and needs of the majority of the residents was too much for the standard staffing- my mother was never ambulated, although when she was admitted she could walk, she developed complications from not being toileted frequently. I went daily or paid an outside person to go in to feed my mother, clean her room, and provide social stimulation. The aides did their best, but the staff was grossly inadequate for the nursing care needs. Increasing the required hours from 3 to 4 is well overdue.

As a registered nurse, who has also worked as a nurse manager, I am well aware of the difficulties with short staffing and finding staff. The nursing homes need to use their money to pay their staff commensurate with the job they are doing, caring for the most vulnerable people among us, and Senate Bill 989 addresses not only increased staffing per resident, but also transparency in cost reporting to assure that funds allocated to provide direct patient care are going to that care. While improving staffing hours of direct care nursing care, it would be prudent to not count nursing administration, infection prevention personnel, quality/risk management or reception staff, as those positions do not provide direct patient care. I urge you to support Senate Bill 989 so that our fellow CT citizens, our friends, and family members living in nursing home can be cared for appropriately and live in dignity.

Thank you for your consideration